

Managing suspected and confirmed cases of COVID-19 in primary care – Interim infection prevention and control guidelines

21 March 2020

This document outlines the infection prevention and control considerations in primary care when assessing and managing patients with potential COVID-19 infection. It provides guidance only and can be adapted locally to align with regional plans and pathways. District health boards (DHBs) are expected to work closely with primary care to ensure there are adequate supplies of personal protective equipment (PPE) to meet requirements.

These guidelines are interim and may be amended as the COVID-19 outbreak evolves.

Current situation

There is an outbreak of a new coronavirus – SARS-CoV-2 originating in Wuhan, China. This virus causes an infection called COVID-19. The situation is evolving and there are currently a rapidly escalating number of cases of COVID-19 internationally.

Transmission of SARS-COV-2 is considered to occur primarily through respiratory droplets and secretions. Transmission occurs through contact of infected respiratory secretions either by direct exposure or by transfer on hands from contaminated fomites.

COVID-19 presents with mild respiratory symptoms, including a cough and fever but in some people it can be more severe and can lead to pneumonia or breathing difficulties. More severe infection mainly occurs in those with co-morbidities.

The case definition of COVID-19 can be found at www.health.govt.nz/covid19-case-definition.

Use of PPE in your practice

COVID-19 transmission is similar to that of the influenza virus and it is recommended that standard droplet and contact precautions are used when managing patients with suspect COVID-19 infection.

Only staff who will be in contact with the patient for more than 15 minutes and within 2 metres need to wear PPE. As a result, reception staff do not need to wear a face mask or any other PPE.

Hand hygiene is essential to prevent infection following contact with infectious secretions. In addition, PPE is recommended for primary care staff who cannot maintain 2 metres contact distance from people with COVID-19 symptoms and are going to be in contact with them for more than 15 minutes or are undertaking a physical exam or swabbing. PPE includes gloves, gown, medical/surgical mask and eye protection. The wearing of PPE correctly, and the safe removal and disposal of PPE should also be adhered to.

PPE should be put on in the following order: hand hygiene, gown, mask, protective eyewear, gloves; and taken off in the following order: gloves, hand hygiene, protective eyewear (if separate from mask), gown, hand hygiene, mask, hand hygiene

Aerosol generating procedures¹ such as the use of nebulizers should be avoided in primary care. Any patients requiring aerosol generating procedures should be referred to hospital.

This advice on the use of PPE aligns with the Australian advice on PPE and with that recommended in secondary care.

Infection prevention control considerations for managing patients with suspected COVID-19

When the patient rings in to the practice, the receptionist should undertake a checklist to assess whether the patient potentially has COVID-19. See the primary care triage checklist form at www.health.govt.nz/covid19-hp-resources.

Any patient that meets criteria for suspect COVID-19 should be rung back for further assessment, and be managed as a suspected case as outlined below.

1. Provide a surgical mask to the patient and supervise them putting it on – your practice can consider whether this is done at the front desk or whether the patient enters by another entrance.
2. Place patient in single room (not in waiting room or treatment room) and shut the door. Provide them with tissues and hand sanitiser. This room can be used by other patients once cleaned (see Environmental cleaning following a possible case).
3. When assessing the patient use droplet and contact precautions. These include wearing a gown/apron, gloves, surgical face mask and eye protection while reviewing the patient. Gloves should be removed and replaced if soiled and hand hygiene performed.
4. Patients with suspected COVID-19 infection should be managed medically according to their symptoms and clinical state. They do NOT need to be hospitalised unless clinically indicated and their home care situation is suitable. The use of nebulisers are not recommended in primary care in this situation.
5. You do not need to contact the local Medical Officer of Health prior to performing testing. Your Public Health Unit will have protocols to guide investigation.
6. Use a single nasopharyngeal swab (NPS) to swab the nasopharyngeal space. To ensure adequate collection, the swab tip must extend well beyond the anterior nares until some resistance is met. Droplet and contact precautions are sufficient.

¹ Aerosol generating procedures include tracheal intubation, non-invasive ventilation, tracheostomy, bronchoscopy, manual ventilation, sputum induction, high flow nasal oxygen, cardiopulmonary resuscitation

7. If the patient has severe illness, or symptoms suggestive of pneumonia, do not take specimens. Instead, discuss with the on-call medical team, infectious diseases or clinical microbiology service and transfer to hospital, as per your local DHB pathways. Nasopharyngeal and throat swabs will be obtained in hospital. Ensure safe transit and controlled entry to hospital through liaison with admitting service, and ambulance service if required.
8. If the patient does not require hospitalisation (eg, patient has mild symptoms) the patient should be requested to self-isolate (see the advice at www.health.govt.nz/covid19-self-isolation), and await contact and advice from the local public health unit.
9. Once a suspect case has been transferred from the primary care premises, a general clean of the room can be undertaken. If the patient uses the toilet the following cleaning procedures also apply. You do not need a stand down period before you can use the room again.
10. The Health Act 1956 requires health professionals to notify the Medical Officer of Health on suspicion of a notifiable disease. Local Public Health Units will prepare protocols of how primary care can perform this requirement: this may involve e-notification, fax, or email.

Wearing PPE

- Remove any linen that has been used into linen bags for hot washing.
- Wipe down hard surfaces with detergent and water, then hospital grade disinfectant.
- Remove and discard PPE as clinical waste (taken off in the following order: gloves, hand hygiene, protective eyewear (if separate from mask), gown, hand hygiene, mask, hand hygiene).
- Perform hand hygiene thoroughly to elbows.